Recommendations and Considerations for the Use and Cleaning of Lactation Rooms During the COVID-19 Pandemic (v.7; updated March 22, 2022)

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Introduction

As the COVID-19 pandemic continues to infect people in communities around the world, and businesses, schools, government buildings, airports, and other spaces re-open for public use, it is important to consider how to maintain lactation rooms for safe public use. These spaces are unique in that, unlike restrooms, they serve a particular clientele with the purpose of feeding an infant or expressing a body fluid that has not been found to transmit the virus [1]. They are also not as heavily trafficked as restrooms. However, like restrooms, they have certain high-touch surfaces which may include doorknobs, light switches, sink handles, countertops, chairs, tables, and multi-user pumps, and may not be well ventilated. They may be designed to serve single or multiple users at a time and they may not be cleaned between use according to typical maintenance schedules. To support and maintain lactation rooms at our institution, we drew upon evidence-based guidance to support human milk expression in public spaces during the pandemic. We offer these recommendations and considerations using available information and recognizing that they should be updated as more evidence emerges [2]. We have categorized considerations into these areas: air quality and flow, cleaning of the space, equipment in the room, and behavior in the room. We have provided evidence where available and noted where evidence is needed. This update acknowledges the Center for Disease Control and Prevention’s (CDC) emphasis on local indicators in its new guidance [3]. Although indoor masking may not be
recommended in all community levels at this time, even fully vaccinated people can experience breakthrough infections and may choose to wear a mask indoors (and adopt other precautions) if living with someone who is immunocompromised or not fully vaccinated [4]. Since infants are not fully vaccinated, lactating people may want to practice those additional precautions even if they, themselves, are fully vaccinated. We recommend that people using lactation rooms wear masks regardless of vaccination status, given the uncertainty of the duration of aerosol clouds in different environments, the variability in ventilation of these spaces, and the fact that they are living with an infant who has an immature immune system and cannot be vaccinated for COVID-19 at this time. However, we note that CDC recommends masking indoors for counties with high levels only. You can find your county level at https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html. We maintain other precautions as measures focusing on good hygiene practices for lactation spaces. In addition, lactation spaces will follow institutional guidance on COVID-19 precautions.

Here are prevention steps based on the COVID-19 community level [see reference #3]:

**What Prevention Steps Should You Take Based on Your COVID-19 Community Level?**

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay up to date with COVID-19 vaccines</td>
<td>If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions</td>
<td>Wear a mask indoors in public</td>
</tr>
<tr>
<td>Get tested if you have symptoms</td>
<td>Stay up to date with COVID-19 vaccines</td>
<td>Stay up to date with COVID-19 vaccines</td>
</tr>
<tr>
<td></td>
<td>Get tested if you have symptoms</td>
<td>Get tested if you have symptoms</td>
</tr>
</tbody>
</table>

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. Masks are required on public transportation and may be required in other places by local or state authorities.

**Air Quality and Flow**

The dominant feature of coronavirus transmission is a higher risk in enclosed spaces with infected people [5]. The virus can linger in the air for up to three hours [6]. Evidence suggests that most transmission occurs in a space occupied by an infected person [7]; however, CDC’s guidance suggests that aerosol transmission is possible after an infected person has left a room
It is reasonable to take precautions if viruses are present in the room and WHO recommends “fresh, clean air in all workplaces” [9]. So how can facility managers address the issue of air flow?

Some options to consider include:

- Create private, protected outdoor spaces for lactation. These spaces could require only normal cleaning and not disinfection [10].
- Upgrade the air filtration system [11].
- Ask users to wear a mask while in the room in counties with high transmission [3, 4, 12].

Cleaning

Coronavirus can be transmitted if a person touches a contaminated surface and then touches their eyes, nose, or mouth [13]. However, the accumulation of evidence suggests that surfaces are not a major route of transmission [13, 14]. The virus can be killed by simple cleaning procedures with soap and water or other cleaning products [15]; in addition, the CDC provides disinfection guidance for high-touch surfaces [16]. In a lactation room, these surfaces include light switches, doorknobs, multi-user pumps, refrigerator handles, countertops, chair arms and the top of chair backs, tables, and sink handles. Facility managers can:

- Ensure typical cleaning of the space and disinfection of high-touch surfaces on a regular schedule.
- Provide supplies in the room: hand sanitizer (at least 60% alcohol) and disinfecting wipes (at least 60% alcohol or a hydrogen peroxide base [17]). If there is a sink, provide paper towels and soap. Check the expiration date on disinfecting wipes. Be careful using products with bleach due to fumes and toxicity produced when combined with other cleaning products [17]. We recommend not providing products with bleach for use by people using lactation rooms. However, bleach products may be used by professional custodial services.
  - Advise users to wipe down high-touch surfaces before use with a disinfecting wipe [13, 15, 16, 17], and to wash their hands before and after expressing milk [8].
- Provide tissues for personal use.
- Provide a trash receptacle for used tissues, paper towels, and wipes.
**Equipment in the room**

Keep the room as user-friendly as possible while eliminating anything extraneous. Provide places to set personal equipment e.g., shelves or tables.

There is no need to remove or switch out chairs, pumps (designed for multiple users), signs, or informational posters. Surface contamination is not a major route of infection transmission [13, 14].

**Behavior in the room**

To assist people using lactation rooms to minimize their risk of exposure in the room and to avoid contaminating the space themselves, consider advising the following, through posted signs and room use agreements:

- Wash hands before and after pumping [9].
- Wipe high-touch surfaces with a disinfecting wipe before use [16, 17].
- Avoid touching your face [13].
- Bring your own pillows (if needed), pen (for filling out user form, if needed), cleaning supplies for cleaning their personal pump parts (i.e., a brush, sponge, or other implements).

**What to do if someone using a lactation room has suspected or confirmed illness**

Following standard quarantine precautions, if someone who used the lactation room within the past two weeks reports suspected (showing symptoms) or confirmed infection, then that person should refrain from using the room for at least 5 days from when symptoms first appeared. If they are asymptomatic or fever free for 24 hours, they should wear a mask when around other people for 5 days [18]. They should wear a mask when using a lactation room for 5 days. CDC recommends a 5-day quarantine and “strict” mask use for an additional five days for people who have been exposed to COVID-19 and are unvaccinated or more than six months past their second mRNA dose (or more than two months past Johnson & Johnson vaccine) and not yet boosted [18]. If quarantine is not possible then the exposed person should “wear a well-fitting mask at all times when around others for 10 days [18],” and in a lactation space. People who have received a booster do not need to quarantine after an exposure but “should wear a mask for 10 days” [18]. Other guidance about testing after exposure can be found on the CDC website [18].

**Evidence gap**

A major evidence gap for the use of indoor space is the amount of time needed for airborne virus to die or disappear under different conditions.
Endnotes


2. Given the novelty of the virus and the fast proliferation of research, most research would not be graded “high-quality” using conventional standards at this point (Alexander PE et al. 2020. Available at https://pubmed.ncbi.nlm.nih.gov/32330521/). As time passes, the quality of research will improve.


5. WBUR reports that University of Maryland Environmental Health professor Donald Milton says that outbreaks are more likely to occur in indoor, poorly ventilated environments. Available at: https://www.wbur.org/hereandnow/2020/05/19/air-conditioning-coronavirus; More evidence accumulates: National Public Radio. December 26, 2020. “For scientists who study virus transmission, 2020 was a watershed year.” Available at https://www.npr.org/sections/health-shots/2020/12/26/946901965/for-scientists-who-study-virus-transmission-2020-was-a-watershed-year

6. “A person infected with coronavirus — even one with no symptoms — may emit aerosols when they talk or breathe. Aerosols are infectious viral particles that can float or drift around in the air for up to three hours. Another person can breathe in these aerosols and become infected with the coronavirus. This is why everyone should wear a mask that covers their nose and mouth when they go out in public.” Source: https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics, March 9, 2021.


8. One mode of transmission is inhalation of aerosol particles that contain infectious virus. “The smallest very fine droplets, and aerosol particles formed when these fine droplets rapidly dry, are small enough that they can remain suspended in the air for minutes to hours.” Source: CDC. May 2021. SARS-COV-2 Transmission. Available at


13. “Coronavirus can also spread from contact with infected surfaces or objects, though this is less common. For example, a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.” Source: https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics. March 9, 2021.


18. CDC. December 27, 2021. CDC updates and shortens recommended isolation and quarantine period for general population. Available at https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html